



# LOS ANGELES COUNTY COMMISSION ON HIV

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*While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.*

## PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES May 27, 2008

**Approved**  
**1/27/2009**

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/CONSULTANTS
Jeff Goodman, <i>Co-Chair</i>	None	Teresa Castillo	Juhua Wu	Jane Nachazel
Kathy Watt, <i>Co-Chair</i>		Jim Chud		Glenda Pinney
Mario Chavez		Lisa Fisher		Craig Vincent-Jones
Eric Daar		Paul Hebblethwaite		
Douglas Frye		Miki Jackson		
Joanne Granai		Mike Johnson		
Michael Green		Anita Le		
Bradley Land		Trip Oldfield		
Anna Long		Jill Rotenberg		
Quentin O'Brien				

### CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Priorities and Planning (P&P) Committee Agenda, 5/27/2008
- 2) **Minutes:** Priorities and Planning (P&P) Committee Meeting, 5/13/2008
- 3) **Presentation:** Surveillance and Epidemiology of HIV and AIDS in Los Angeles County, 2/14/2008
- 4) **Report:** Los Angeles Coordinated HIV Needs Assessment (LACHNA), revised 5/21/2008
- 5) **Report:** Year 19 Priority- and Allocation-Setting Summary of Service Provider Forums, 2/29/2008
- 6) **Report:** Year 19 Priority- and Allocation-Setting Summary of Provider Assessment Surveys – 10 Agencies, 4/22/2008
- 7) **Table:** Service Category Summary Sheet, 5/9/2008
- 8) **Summaries:** Year 17 Service Category Summary Sheets, 5/9/2008  
Categories: Case Management, Medical; Case Management, Psychosocial; Dental Services; Food Bank/Home-Delivered Meals, Nutrition Support; Legal Services; Medical Services; Medical Services, Medical Specialty; Mental Health Services, Psychiatry; Mental Health Services, Psychotherapy; Nutritional Counseling, Medical Nutrition Therapy; Other Services, Language Services; Psychological Support Services, Peer Support; Residential or In-Home Hospice Services, Hospice and Skilled Nursing Services; Residential or In-Home Hospice Services, Transitional Housing; Substance Abuse Services – Outpatient; Substance Abuse Services – Residential; Transportation; Treatment Adherence Services, Treatment Education
- 9) **List:** List of Available HIV Services, 11/13/2007
- 10) **List:** HIV Service Category Definitions, 11/27/2007
- 11) **Matrix:** Year 19 Priority- and Allocation-Setting Change Matrix, 5/20/2008
- 12) **Matrix:** Grant Year 17 Ryan White Funding Expenditures by Service Categories, 5/20/2008
- 13) **Summary:** Ryan White A/B Expenditures by Service Category, Key 3/10/2008
- 14) **Memorandum:** Questions for Service Provider Network Focus Groups, 5/27/2008

1. **CALL TO ORDER:** Mr. Goodman called the meeting to order at 1:50 pm.
2. **APPROVAL OF AGENDA:**  
**MOTION #1:** Approve the Agenda Order with Item 9 postponed (*Passed by Consensus*).

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### 3. APPROVAL OF MEETING MINUTES:

**MOTION #2:** Approve the 5/13/2008 P&P Committee Meeting minutes, as presented (*Passed by Consensus*).

4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.

5. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.

6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.

### 7. CO-CHAIRS' REPORT:

A. **June 17, 2008 Special Meeting:** Mr. Goodman reminded participants that OAPP would present allocation recommendations at this special meeting. The Committee will set allocations at the regularly scheduled meeting on June 24, 2008.

### 8. YR 19 PRIORITY- AND ALLOCATION-SETTING:

#### A. Service Priority Rankings:

- Mr. Goodman noted previously voted paradigms of equity, nuanced inclusiveness and utilitarianism; and operating values of access, efficiency, quality of care and representation.

**MOTION #3 (Goodman/Land):** Preliminarily prioritize Medical Outpatient as #1 and AIDS Drug Assistance Program (ADAP) as #2 (*Passed by Consensus*).

- Local Drug Reimbursement Programs, ranked sixth last year, was part of primary health care core, but had been left off the list. Several consumers felt it an important supplement. Mr. O'Brien believed it filled a gap in another program, whereas Medical Specialty addressed an increasing need not funded elsewhere. Ms. Granai noted that the SPAs ranked Medical Specialty high. Dr. Green said Local Drug Reimbursement was previously imbedded in Medical Outpatient, but HRSA now required separate tracking. Mr. Vincent-Jones noted that the Standards of Care (SOC) Committee was creating a standard for it.

**MOTION #4 (Goodman/Frye):** Preliminarily prioritize Medical Specialty as #3 and Local Drug Reimbursement Program as #4 (*Passed: Ayes:* Chavez, Daar, Frye, Granai, Land, Long, Goodman; *Opposed:* Green, O'Brien, Watt; *Abstentions:* None).

- Ms. Watt and Mr. O'Brien stressed Benefits Specialty helped consumers access information and services. Dr. Green added it helped ensure Ryan White remained a payer of last resort. Mr. Vincent-Jones clarified that Benefits Specialty helped people access other systems of care while Case Management helped them access Ryan White-funded care. Dr. Long noted that people's challenges shift over time, so there is a need to identify the appropriate resources to meet them.

**MOTION #5 (Land/Goodman):** Preliminarily prioritize Benefits Specialty as #5 (*Passed: Ayes:* Green, Land, Long, Goodman, Watt; *Opposed:* Chavez, Daar, Granai, O'Brien; *Abstentions:* Frye).

- Mr. O'Brien suggested prioritizing core medical care services and support services separately to better review how they intersected. Ms. Granai said Oral Health Care closed a door to infection, supported good nutrition, and was ranked high by consumers.

**MOTION #6 (Frye/Land):** Preliminarily prioritize Oral Health Care as #6, Mental Health, Psychiatry as #7, and Mental Health, Psychotherapy as #8 (*Passed by Consensus*).

- Ms. Watt noted substance abuse residential improved housing stability. Case Management, Medical linked clients to care and follow-up to ensure support systems. Mr. Goodman said substance abuse was under-reported in LACHNA with an estimated 57% of the HIV+ population reporting substance use. Mr. Vincent-Jones noted Medical Care Coordination had not yet replaced the Case Management categories.

**MOTION #7 (O'Brien/Land):** Preliminarily prioritize Case Management, Medical as #9, Substance Abuse, Residential as #10, Substance Abuse, Treatment as #11; and Case Management, Psychosocial as #12 (*Passed by Consensus*).

- Mr. Goodman said CARE/HIPP was only available to the permanently disabled, but Health Insurance Premium and Cost-Sharing Assistance helped maintain private health insurance.

**MOTION #8 (Watt/Goodman):** Preliminarily revise priorities #10 through #13 by inserting Health Insurance Premium and Cost-Sharing Assistance as #9, with the remaining categories sequentially numbered (*Passed: Ayes:* Frye, Granai, Land, Goodman, Watt; *Opposed:* Chavez, Daar, Green, O'Brien; *Abstentions:* None).

**MOTION #9 (Goodman/Land):** Preliminarily prioritize Residential, Transitional as #14 and Residential, Permanent as #15 (*Passed by Consensus*).

- Referral Services was ranked 16 last year, but was likely to be redefined to correspond with the service currently provided by the HIV/LA Resource Directory. Mr. Vincent-Jones noted Spanish interpretation was a contract requirement, and written translation and translation/interpretation training were now part of the administrative budget

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(previously Program Support). Language Services funded ASL and other languages interpretation. Ms. Granai indicated that LACHNA respondents ranked Transportation as the #3 need. Dr. Green reported the transportation funds had been expended early in the year.

- ➡ The Committee agreed to add a directive entailing a review and modification of the transportation protocols for distributing bus passes, bus tokens and taxi vouchers.

**MOTION #10 (Granai/Frye):** Preliminarily prioritize Transportation as #16 (**Passed: Ayes:** Chavez, Daar, Frye, Granai, Green, Land, Goodman, Watt; **Opposed:** O'Brien; **Abstentions:** None).

- Mr. O'Brien recommended Early Intervention Services (EIS) as the next service priority, as it facilitated entry into treatment with tests to confirm HIV and referrals. Dr. Green said the main difference between Medical Outpatient and EIS was that the latter included outreach as part of strengthening the Continuum of Care by linking Medical Outpatient and support services. Ms. Watt noted that the PPC had increased HE/RR and HCT, the latter of which had also increased in health care settings. Previously EIS had only been funded through the state and/or Part C, but this year was also being funded through MAI.

**MOTION #11 (Granai/Land):** Preliminarily prioritize Treatment Education as #17 and Medical Nutrition Therapy as #18 (**Passed: Ayes:** Chavez, Daar, Granai, Green, Land, Goodman, Watt; **Opposed:** O'Brien; **Abstentions:** Frye).

- Mr. Oldfield noted that Ryan White did not distinguish based on immigration status, but other systems of care did.
- ➡ In view of the lateness of the hour, it was decided to adjourn this meeting and reconvene it on June 3<sup>rd</sup>, from 1:30 to 3:30 pm., to ensure due diligence in completing prioritization of the remaining 21 service categories.

9. **FINANCIAL REPORTS:** There was no report.
10. **2009 COMPREHENSIVE CARE PLAN:** The item was postponed.
11. **DATA SUMMIT PLANNING:** There was no report.
12. **SERVICE PROVIDER NETWORKS:** The item was postponed.
13. **GEOGRAPHIC ESTIMATE OF NEED:** The item was postponed.
14. **OTHER STREAMS OF FUNDING:** The item was postponed.
15. **STANDING SUBCOMMITTEES:** There were no reports.
16. **COMMITTEE WORK PLAN UPDATE:** The item was postponed.
17. **NEXT STEPS:** The item was postponed.
18. **ANNOUNCEMENTS:** There were no announcements.
19. **ADJOURNMENT:** The meeting was adjourned at 4:00 pm.